

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Application No. : 10/063,088 Confirmation No.: 6422  
Applicant: : Michael G. Cousin  
Filed: : 03/18/2002  
Art Unit : 3677  
Examiner : Dinesh Melwani  
  
Docket No. : 1202.03  
Customer No. : 21901  
For : Pop Beads Having Elongated Necks

Faxed to Technology Center 3600 at (703) 872-9326  
Mail Stop Non-Fee Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**AMENDMENT TRANSMITTAL**

1. Transmitted herewith is an amendment for this application.

**STATUS**

2. Applicant is an independent inventor. A statement was already filed.

**EXTENSION OF TERM**

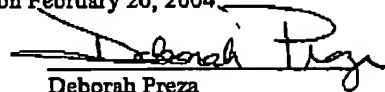
3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply. Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

**CERTIFICATE OF FACSIMILE TRANSMISSION**

(37 C.F.R. 1.8 (a))

I HEREBY CERTIFY that this Amendment A, including Introductory Comments, Amendments to the Claims, Remarks, and a Terminal Disclaimer is being transmitted by facsimile to the United States Patent and Trademark Office, Art Unit 3677, Attn: Mr. Dinesh Melwani, (703) 872-9326 on February 20, 2004.

Dated: February 20, 2004

  
Deborah Preza

(Amendment Transmittal—page 1)

**FEE FOR CLAIMS**

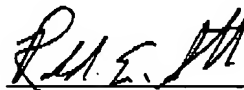
4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

	(Col.1)		(Col.2)	(Col.3)	SMALL ENTITY	
	Claims Remaining After Amendment		Highest No. Previously Paid For	Present Extra	Rate	Addit. Fee
Total	4	Minus	20	= 0	x \$9 =	\$0
Indep.	3	Minus	9	= 0	x \$43 =	\$0
First Presentation of Multiple Dependent Claim					+ \$145 =	\$0
Total						Addit. Fee \$0

- \* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.
  - \*\* If the "Highest No. Previously Paid For" IN THIS SPACE (Column 2, Row 1) is less than 20, enter "20".
  - \*\*\* If the "Highest No. Previously Paid For" IN THIS SPACE (Column 2, Row 2) is less than 3, enter "3".
- The "Highest No. Previously Paid For" (Total or Indep.) is the highest number found in the appropriate box in Col. 1 of a prior amendment or the number of claims originally filed.

No additional fee for claims is required.

Very respectfully,



**SIGNATURE OF PRACTITIONER**

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(Amendment Transmittal—page 2)